


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 021288-005510US																									
FY 2007 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																											
Application Number 11/778,924		Filed July 17, 2007																									
For ANTAGONISTS OF PROTEASE ACTIVATED RECEPTOR-1 (PAR1)																											
Art Unit 1643		Examiner Not yet assigned																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ 820.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ 820.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
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<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,868</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>																											
 Signature		<u>11/9/07</u> Date																									
Beth L. Kelly, Reg. No. 51,868 Typed or printed name		415-576-0200 Telephone Number																									
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																											

Adjustment Date: 08/05/2008 CKHLOK
 11/13/2007 INTEFSW 00002728 201430 18715348
 02 FC:2254 820.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 07/31/08		2 Serial/Patent # 10/715,348										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time			\$ 820.00								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 820.00								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>2</td><td>0</td><td>--</td><td>1</td><td>4</td><td>3</td><td>0</td> </tr> </table>				2	0	--	1	4	3	0
2	0	--	1	4	3	0						
<input type="checkbox"/>	No Fee Due (Explanation):											
Unnecessary extension.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Denise Williams		TITLE: 289304										
SIGNATURE: <i>Denise Williams</i>		PHONE: <i>Paralegal Spec/</i>										
OFFICE: <i>Office 7 Petitions</i>		<i>Petitions Examiner</i>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <i>CKH</i>		DATE: <i>8/5/08</i>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: